



09-13-04

AF  
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EV 463 358 648 US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of : Lawrence G. Reid, Jr., et al.  
Serial No : 10/075,423  
Filed : February 13, 2002  
For : Therapeutic Bag  
Examiner : Danton D. Demille  
Art Unit : 3764

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Mail Stop AF  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE PURSUANT TO 37 CFR § 1.116**

Dear Sir:

**AMENDMENTS**

This Amendment is being filed in response to the Official Action mailed August 18, 2004, in the above-identified application. Please amend the above-identified application as follows.

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 5 of this paper.

**Remarks** begin on page 6 of this paper.

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## TRANSMITTAL FORM

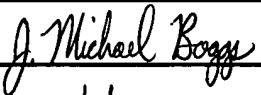
(to be used for all correspondence after initial filing)

		Application Number	10/075,423
		Filing Date	February 13, 2002
		First Named Inventor	Lawrence G. Reid, Jr. et al.
		Art Unit	3764
		Examiner Name	Danton D. Demille
Total Number of Pages in This Submission	12	Attorney Docket Number	00471-268588

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> <li>1. Express Mail Certificate</li> <li>2. Return Postcard</li> </ul>
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	J. Michael Boggs, Reg. No. 46,563
Signature	
Date	9/10/04

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	
Signature	
	Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

43

Complete if Known	
Application Number	10/075,423
Filing Date	February 13, 2002
First Named Inventor	Lawrence G. Reid, Jr. et al.
Examiner Name	Danton D. Demille
Art Unit	3764
Attorney Docket No.	00471-268588

## METHOD OF PAYMENT (check all that apply)

Check    Credit card    Money    Other    None  
Order

 Deposit Account:

Deposit Account Number

Deposit Account Name

## The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below    Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1001	2001	770	385
1002	2002	340	170
1003	2003	530	265
1004	2004	770	385
1005	2005	160	80
SUBTOTAL (1)		(\$ 0)	

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
	<input type="text" value="4"/>		-20 **	= <input type="text" value="0"/>	X <input type="text" value="0"/> = <input type="text" value="0"/>
			-3 **	= <input type="text" value="1"/>	X <input type="text" value="43"/> = <input type="text" value="43"/>
				X <input type="text" value=""/>	= <input type="text" value="0"/>

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1202	2202	18
1201	2201	86
1203	2203	290
1204	2204	145
1205	2205	86
		Claims in excess of 20
		Independent claims in excess of 3
		Multiple dependent claim, if not paid
		** Reissue independent claims over original patent
		** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 43)

\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1051	2051	130	65
1052	2052	50	25
1053	1053	130	Surcharge - late filing fee or oath
1812	1812	2,520	Surcharge - late provisional filing fee or cover sheet.
1804	1804	920*	Non-English specification
1805	1805	1,840*	For filing a request for reexamination
1251	2251	110	Requesting publication of SIR prior to Examiner action
1252	2252	420	Requesting publication of SIR after Examiner action
1253	2253	950	Extension for reply within first month
1254	2254	1,480	Extension for reply within second month
1255	2255	2,010	Extension for reply within third month
1401	2401	330	Extension for reply within fourth month
1402	2402	330	Notice of Appeal
1403	2403	290	Filing a brief in support of an appeal
1451	1451	1,510	Request for oral hearing
1452	2452	110	Petition to institute a public use proceeding
1453	2453	1,330	Petition to revive – unavoidable
1501	2501	1,330	Petition to revive – unintentional
1502	2502	480	Utility issue fee (or reissue)
1503	2503	640	Design issue fee
1460	1460	130	Plant issue fee
1807	1807	50	Petitions to the Commissioner
1806	1806	180	Processing fee under 37 CFR 1.17 (q)
8021	8021	40	Submission of Information Disclosure Stmt
1809	2809	770	Recording each patent assignment per property (times number of properties)
1810	2810	770	Filing a submission after final rejection (37 CFR § 1.129(a))
1801	2801	770	For each additional invention to be examined (37 CFR § 1.129(b))
1802	1802	900	Request for Continued Examination (RCE)
			Request for expedited examination of a design application
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 0)

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	J. Michael Boggs	Registration No. (Attorney/Agent)	46,563
Signature		Telephone	(336) 747-7536

Date

9/10/04

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



## EXPRESS MAIL CERTIFICATE

Express Mail" Label No. : EV 463 358 648 US  
Serial No. : 10/075,423  
Applicant(s) : Lawrence G. Reid, Jr. et al.  
Filing Date : February 13, 2002  
Title : *Therapeutic Bag*  
Examiner : Danton D. Demille  
Group Art Unit : 3764  
Type of Document(s) : Express Mail Certificate;  
Transmittal Form;  
Fee Transmittal for FY 2004 (*in duplicate*);  
Amendment and Response Pursuant to 37 CFR § 1.116  
(9 pages);  
Check No. 371213 for \$43.00 – Extra Claim fee; and  
Return Postcard

I hereby certify that the documents identified above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and are addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Debbie K. Cooke (signature)  
Debbie K. Cooke

Date Mailed : September 10, 2004